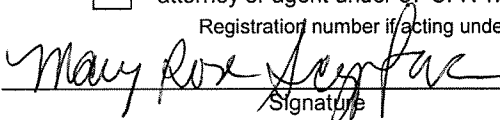


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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |                               | Docket Number (Optional)<br>0002802.00174US1 |
| Application Number<br>10/758,710-Conf. #6546   | Filed<br>January 16, 2004     |  |
| For OXIDE FILMS WITH NANODOT FLUX PINNING CENTERS  |                               |  |
| Art Unit<br>1793   | Examiner<br>P. A. Wartalowicz |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |                               |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |                               |  |
|  | Fee                           | Small Entity Fee                             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120                         | \$60 \$ _____                                |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$460                         | \$230 \$ _____                               |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1050                        | \$525 \$ 1,050.00                            |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1640                        | \$820 \$ _____                               |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2230                        | \$1115 \$ _____                              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                               |  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |                               |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                               |  |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                               |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0219</u> . I have enclosed a duplicate copy of this sheet.<br><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b> |                               |  |
| I am the <input type="checkbox"/> applicant/inventor.  |                               |  |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |                               |  |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,268</u>   |                               |  |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____   |                               |  |
| <br>_____<br>Signature  |                               | <u>September 19, 2008</u><br>Date            |
| <u>Mary Rose Scozzafava</u><br>Typed or printed name   |                               | <u>(617) 526-6015</u><br>Telephone Number    |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |                               |  |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |                               |  |